

MDR Tracking Number: M5-05-0492-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 10-08-04.

In a letter dated 12-21-04 the requestor withdrew CPT code 99070-CP on date of service 3-1-04.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the majority of the medical necessity issues. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. All of the CPT code 99212 office visits and the CPT code 99214 office visits on 12-17-03 and 4-30-04 **were found** to be medically necessary. The therapeutic exercises, and manual therapy **were not found** to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

Pursuant to 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees in accordance with Medicare program reimbursement methodologies for dates of service after August 1, 2003 per Commission Rule 134.202 (c); plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Decision is applicable for dates of service 12-17-03 through 4-30-04 as outlined above in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Decision and Order is hereby issued this 27th day of December 2004.

Donna Auby
Medical Dispute Resolution Officer
Medical Review Division

DA/da

Enclosure: IRO decision



Specialty Independent Review Organization, Inc.

November 26, 2004

Hilda Baker
TWCC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient:
TWCC #:
MDR Tracking #: M5-05-0492-01
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Specialty IRO for independent review in accordance with TWCC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty IRO has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Chiropractor with a specialty in Rehabilitation. The reviewer is on the TWCC ADL. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

___ was injured on ___ while working for Hollywood Entertainment Corporation while lifting a box. ___ was provided with treatment by Craig Thiry, DC. Ultimately, he had cervical spine surgery on 10/8/03 consisting of C3-C7 laminectomy and posterior lateral fusion with instrumentation. Apparently, a peer review by Thomas Sato, DC was performed indicating that twelve visits of therapy were recommended. Dr. Thiry recommended rehabilitation for 24-36 visits according to 'prevailing guidelines'. However, he notes multiple complicating factors which the patient is stated to have. Paul Kobza, MD saw the patient as a designated doctor on 2/25/04 and noted the patient to not be at MMI.

Records were received from both the requestor and respondent. Records from the requestor include but are not limited to the following: Request for IRO letter dated 11/12/04, Multiple HICFA 1500's and EOB's, SOAP notes from 12/08/03 through 4/28/04, 1/5/04 Thomas Sato, DC peer review report, 12/17/03, 3/1/04 and 4/30/04 subsequent and specific reports, cervical myelogram report of 2/4/03, 1/22/03 cervical MRI report, operative report of 10/08/03, handwritten notes by Peter Yeh, MD and a DD report by Paul Kobza, MD. Records from the respondent include some of the above records in addition to the following: 9/15/03 peer review report by Craig Benzel, DC, 4/16/04 peer review by Thomas Sato, DC, Reconsideration request of 3/23/04 by Dr. Thiry, notes by Peter Yeh, MD, myotest comparison reports, anesthesia notes from River Oaks Imaging and Diagnostic, patient wrist and hand questionnaire from New Help Clinic, 3/5/03 initial medical report by True Chiropractic, testing and reports by Gregory Mrozinski, DC, 9/18/03 neurodiagnostic testing, notes by Donald Lazarz, MD, notes from Concentra Medical Centers, neurodiagnostic testing 7/11/03 by D. Unwin, MD, SOAP notes by Dr. Thiry from 2/24/03 through 2/12/04.

DISPUTED SERVICES

Disputed services include therapeutic exercises, office visits and manual therapy from 12/12/03 through 4/30/04.

DECISION

The reviewer disagrees with the previous adverse determination regarding the following services: All 99212 office visits and the 99214 office visits on 12/17/03 and 04/30/04.

The reviewer agrees with the previous adverse determination regarding all remaining services.

BASIS FOR THE DECISION

The reviewer notes that the requestor did not submit documentation of the types of exercises that were performed on each visit, the number of set/reps that were performed and the time frame in which these exercises were performed. Without such documentation, the reviewer indicates that medical necessity cannot be established. It is within acceptable guidelines, in the reviewer's opinion that further rehabilitation was necessary; however, it could not be established as medically necessary due to the lack of documentation of the rehabilitation program. For instance, the daily SOAP notes indicate under Plan on DOS 12/19/03, "Therapy on the cervical region and right shoulder will continue with therapeutic exercises...". The reviewer states a decision as to the number of units provided cannot be ascertained. The requestor did send approximately 50 pages of HICFA's and EOB's; however, this does not document the efficacy and medical necessity of treatment. The reviewer states that there was not a visible difference in the documentation between the 99212 and 99213 office visits to allow for the difference in charges.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that there is no known conflict between the reviewer, Specialty IRO and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Sincerely,

Wendy Perelli, CEO

CC: Specialty IRO Medical Director